

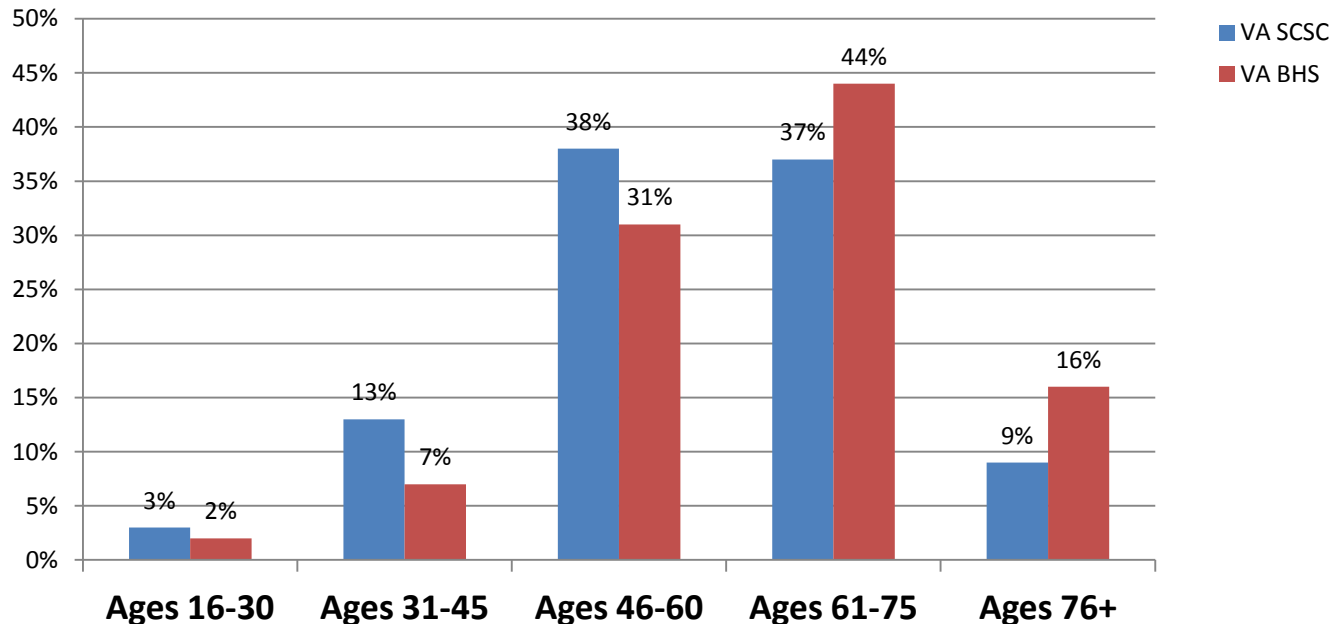
# VA Boston Health Care System (VA BHS) SCI System of Care

Program Information and Outcomes

# VA BHS SCI System of Care: Who We Serve\*

- \* VA BHS data is based on 323 Persons served in FY12 Q1 & Q2 (10/1/11-3/31/12)
- VA SCSC data is for FY10 (most recent national SCI data available)

## Age Distribution for Spinal Cord System of Care: VA BHS vs. National VA Spinal Cord System of Care (VA SCSC)

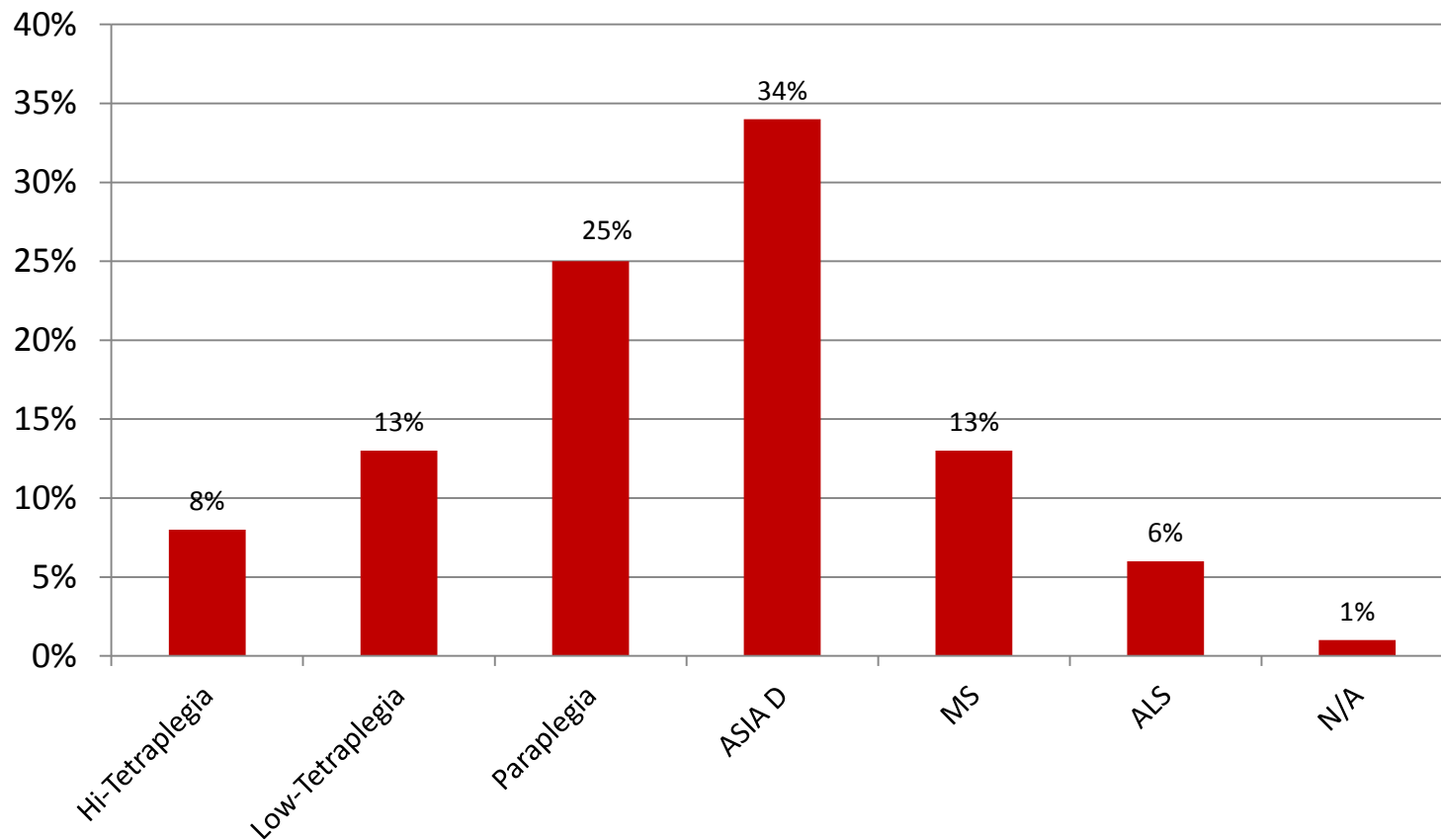


**Gender & Ethnicity:** We serve males and females of all ethnicities

96% currently served are male, 90% are Caucasian, 5% African-American, 5% other minorities

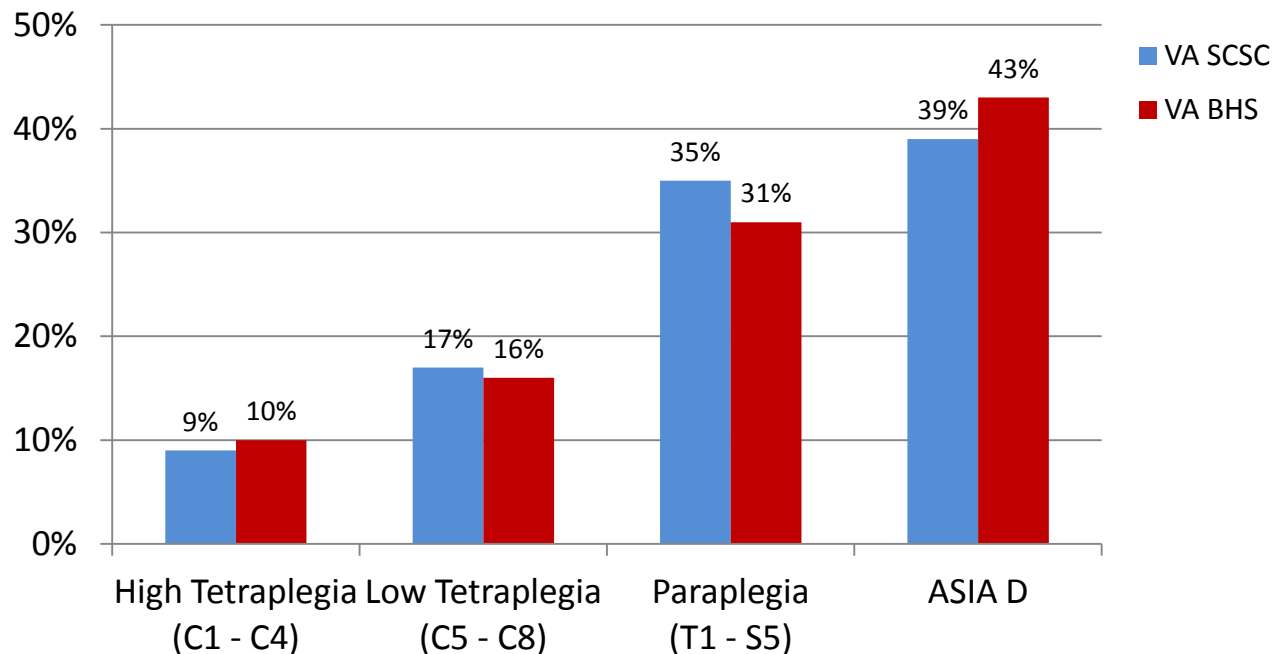
# VA BHS SCI System of Care: Who We Serve

## Neurological Impairment/Level of Injury



# SCI System of Care: Comparison of Impairment Levels

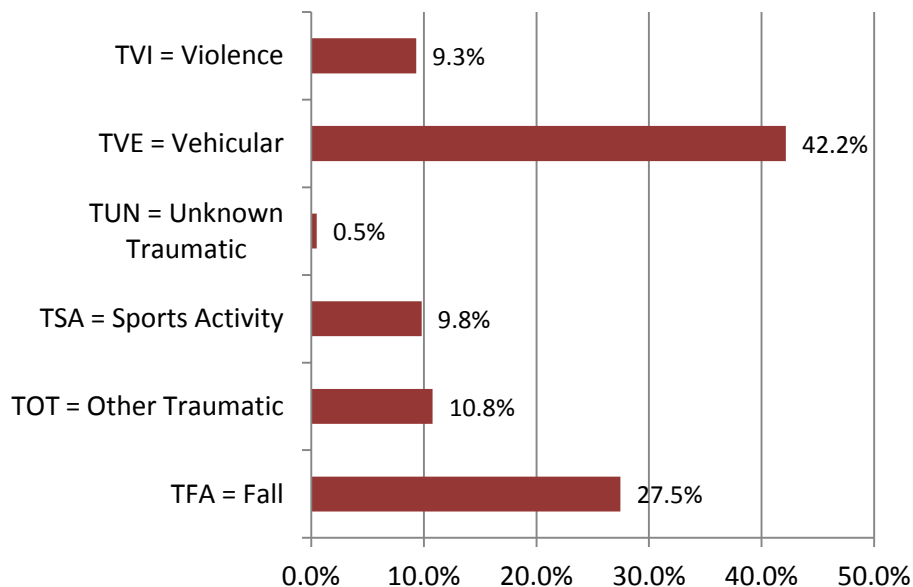
VA BHS vs. VA Spinal Cord System of Care (VA SCSC)\*



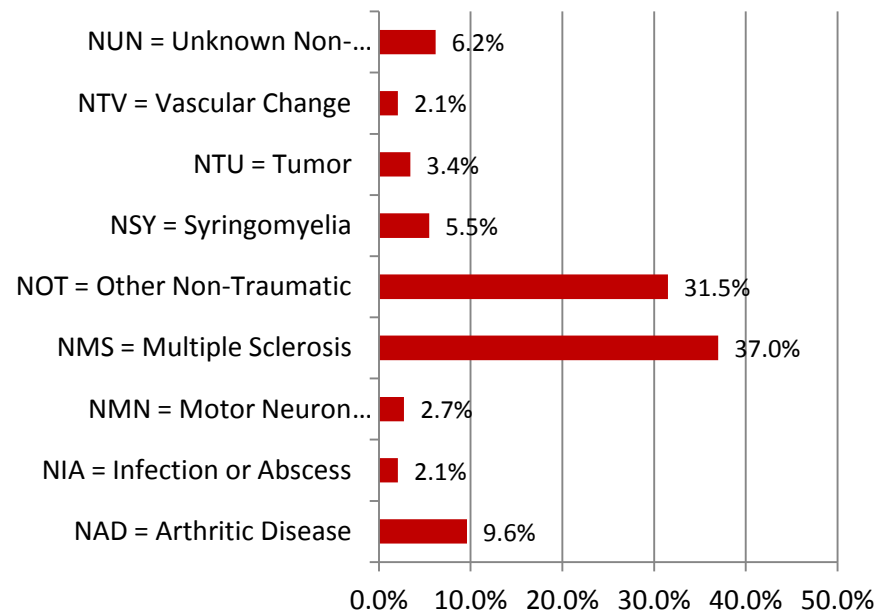
\*MS and ALS data not reported for VA SCSC

# VA BHS SCI System of Care: SCI/D Etiology

- SCI/D etiology is traumatic in 58% and non-traumatic in 42%



Traumatic

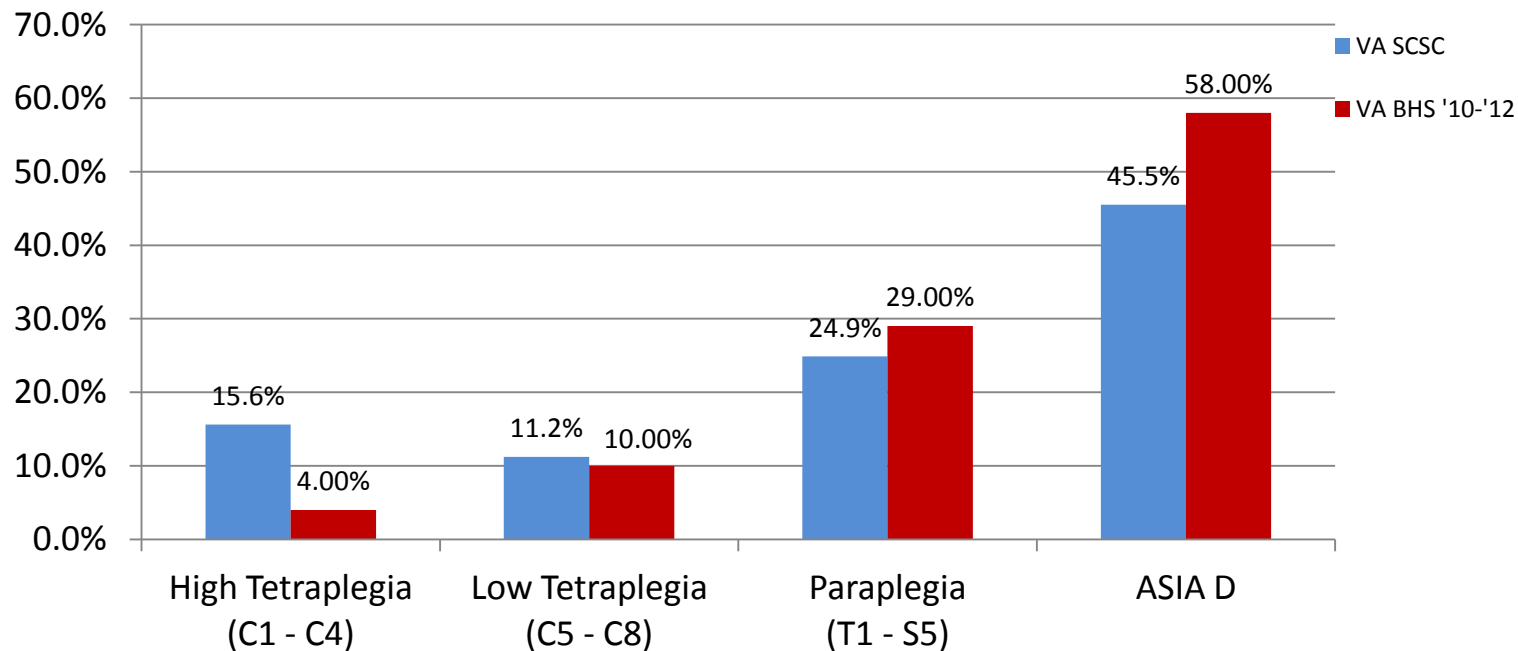


Non-Traumatic

# Inpatient Rehabilitation Program: FY10-FY12Q2\*

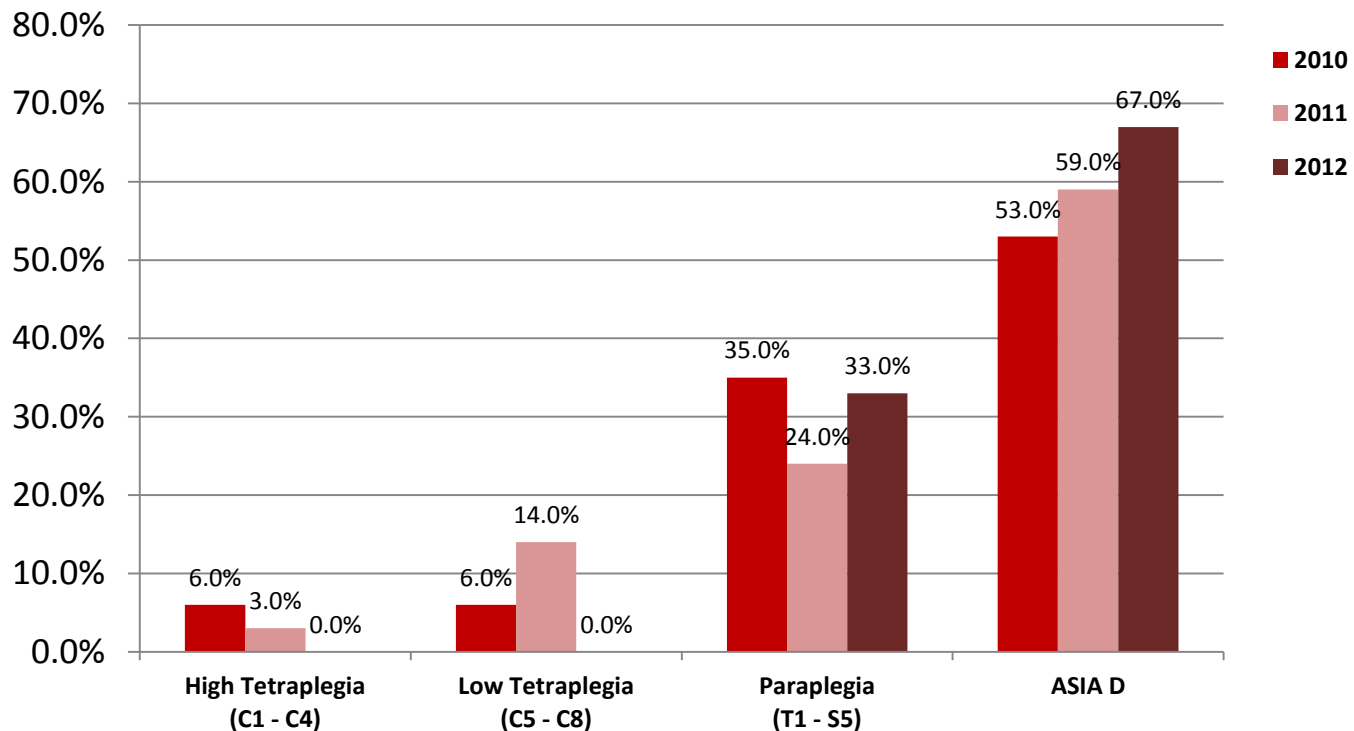
\*VA BHS data Includes the following persons served for comprehensive initial inpatient SCI rehabilitation:  
2010 = 17, 2011 = 29, 2012 (QTR 1 & 2) = 6; (Data for patients with MS and ALS is not included)  
-VA SCSC data is based on aggregate data of 484 Veterans from 21 VA SCI Centers who finished inpatient rehabilitation between October 2008 and March 2010

## Comparison of Impairments: VA BHS vs.VA SCSC



# Inpatient Rehabilitation Program: FY10-FY12Q2

## VA BHS Impairments 2010 – 2012



2010 = 17 Patients

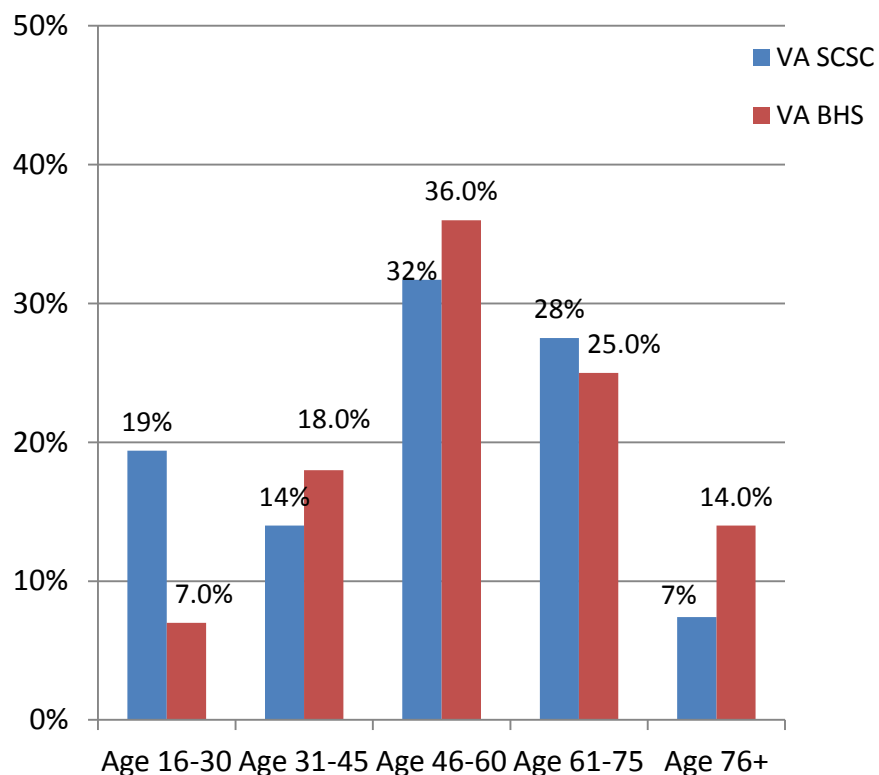
2011 = 29 Patients

2012 (QTR 1 & 2) = 6 patients

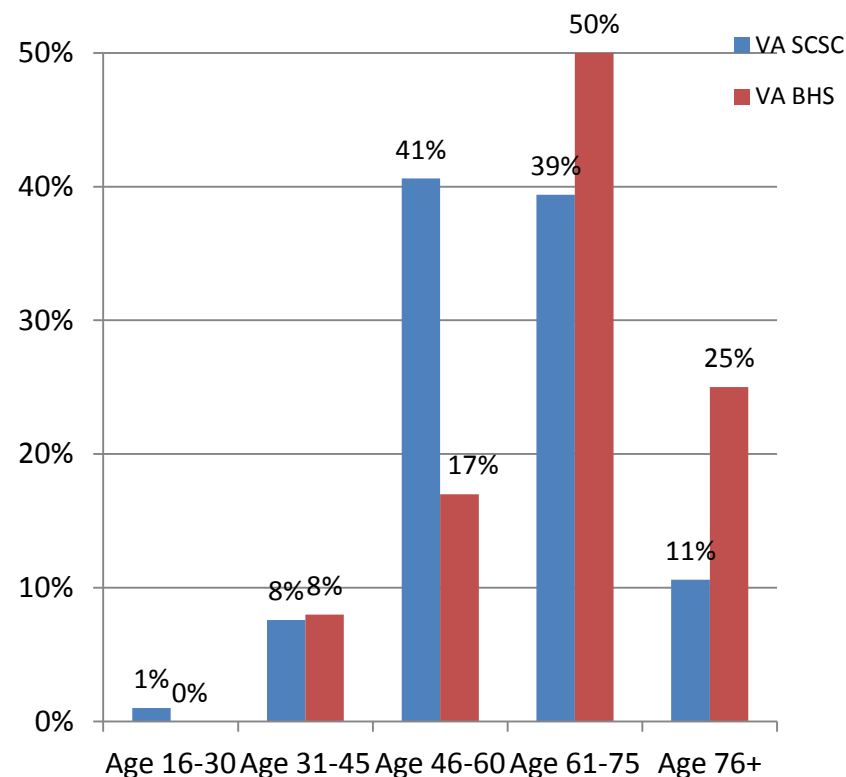
# Inpatient Rehabilitation Program FY10-FY12

Average age of persons served at VA BHS SCI was 60.4 years  
vs. 55.8 years for VA SCSC

Comparative Ages for Traumatic  
VA BHS vs. VA SCSC



Comparative Ages for Non-Traumatic  
VA BHS vs. VA SCSC

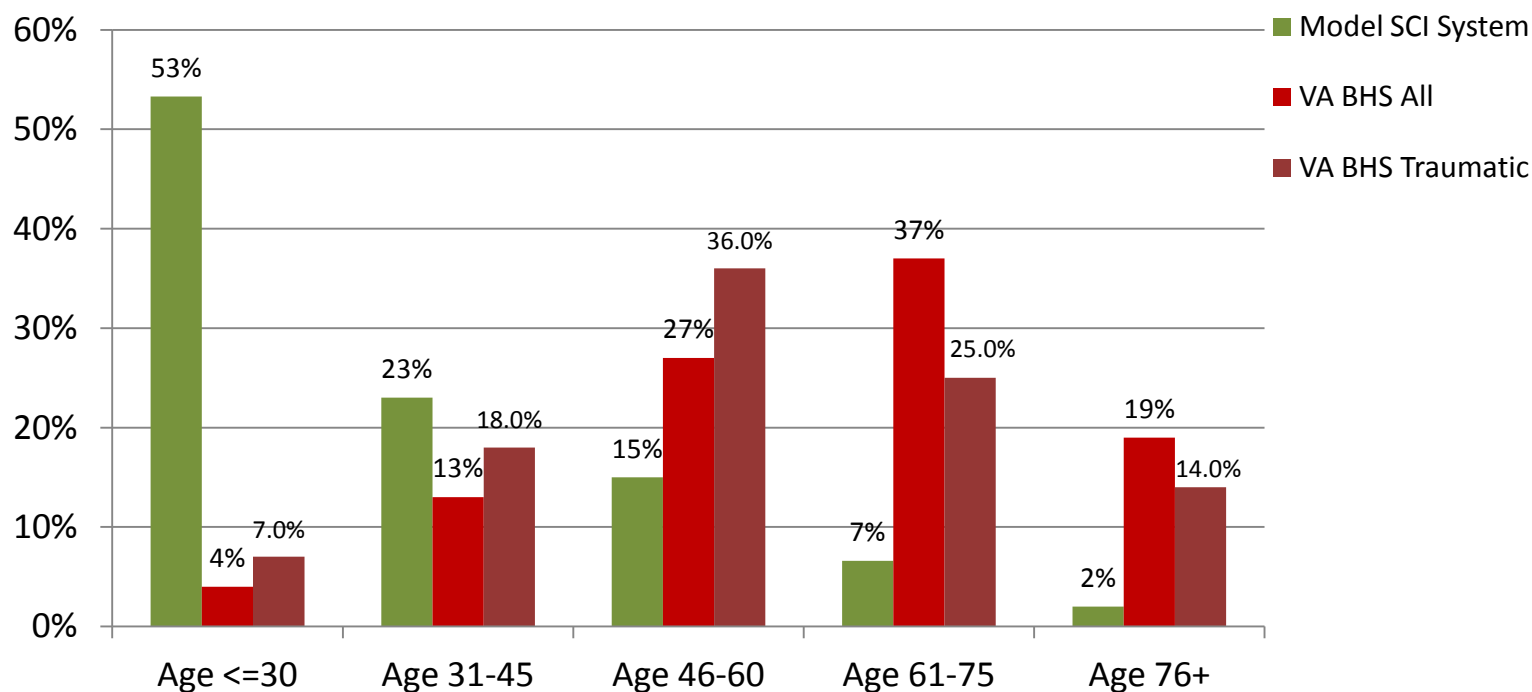


# Inpatient Rehabilitation Program FY10-FY12

Average age of persons served at VA BHS SCI was 60.4 years  
vs. 41 years for SCI Model Systems\*

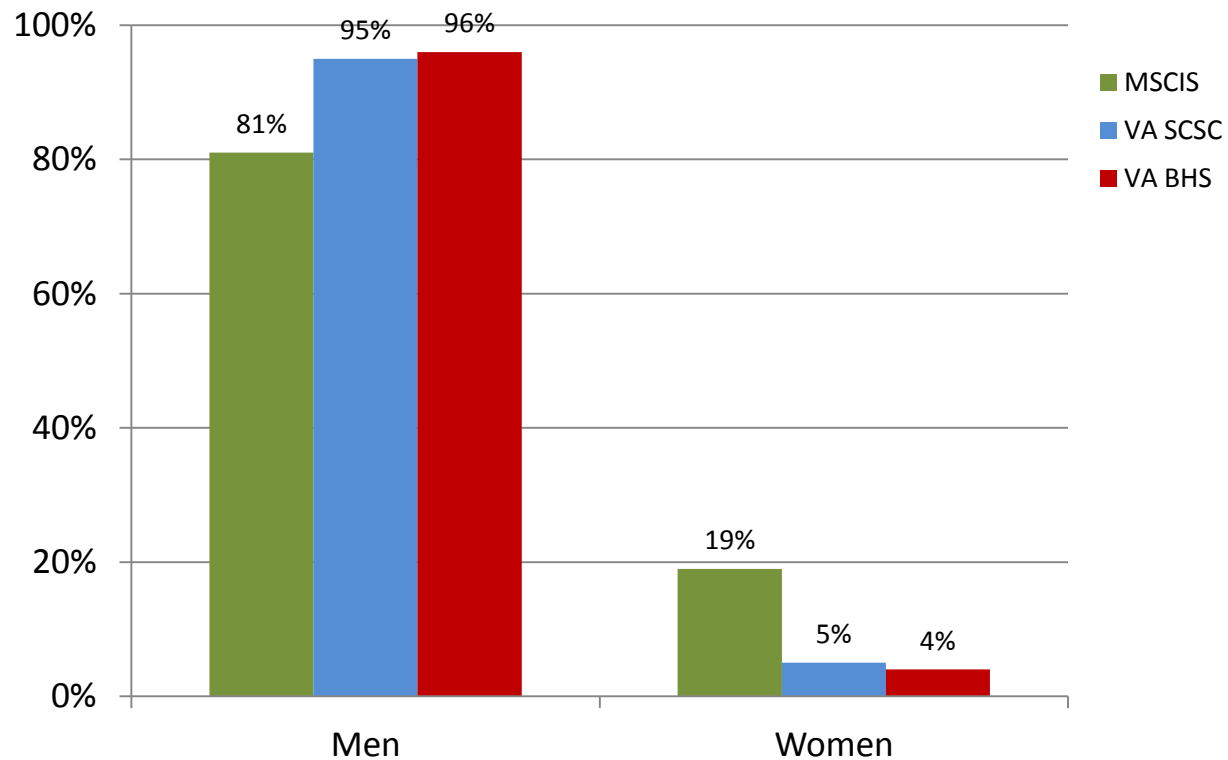
\*Model SCI System (MSCIS) data is from 2011 Annual Report published by National SCI Statistical Center

## Comparison of Age Distribution Model SCI System (MSCIS)\* & VA BHS



# Inpatient Rehabilitation Program: FY10-FY12Q2

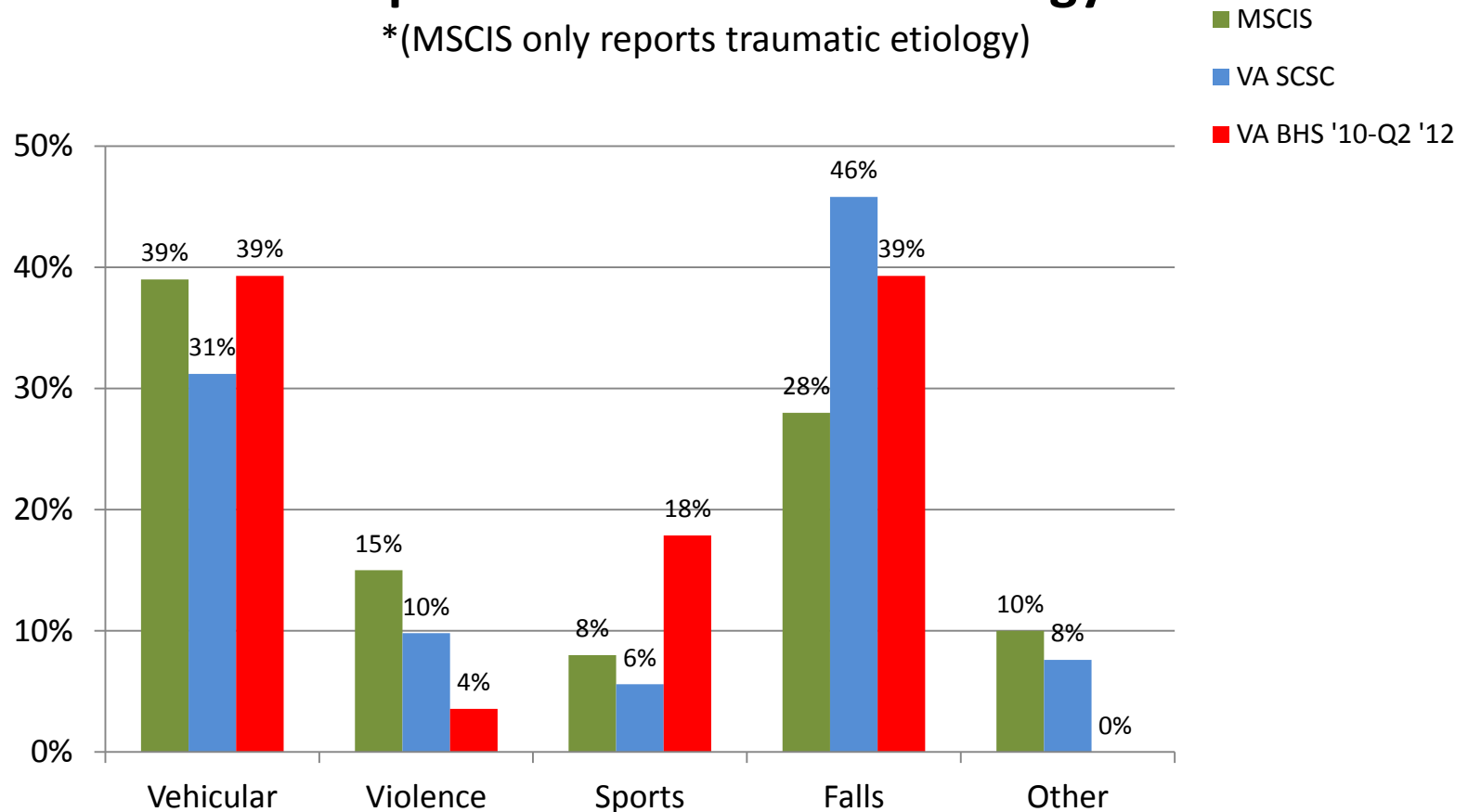
## Comparison of Gender



# Inpatient Rehabilitation Program

## Comparison of Traumatic Etiology\*

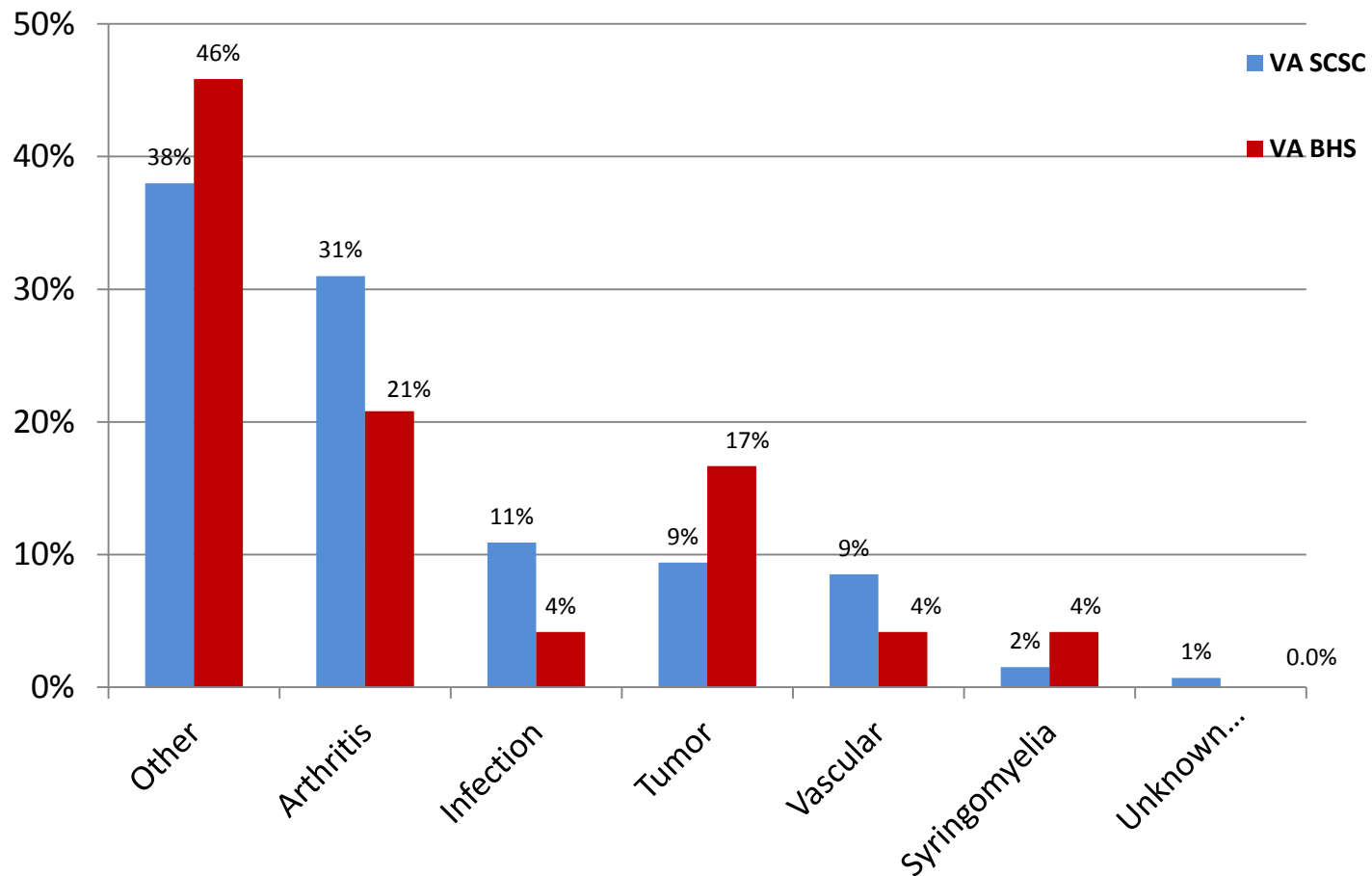
\*(MSCIS only reports traumatic etiology)



# Inpatient Rehabilitation Program

## Comparison of Non-Traumatic Etiology

\*(MSCIS only reports traumatic etiology, not non-traumatic)



# Addressing Data Reliability & Validity

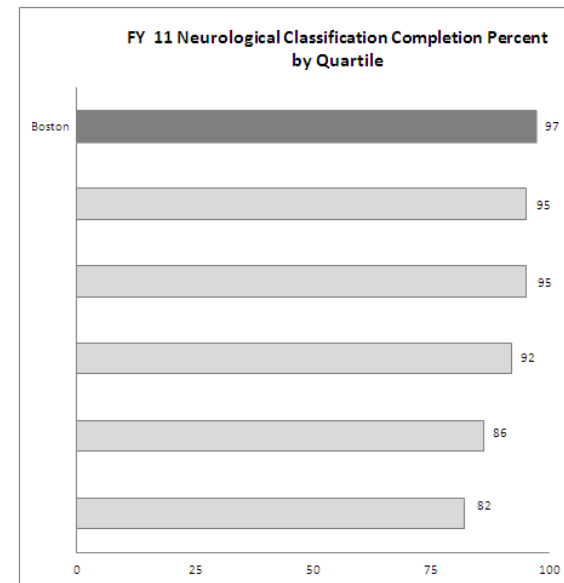
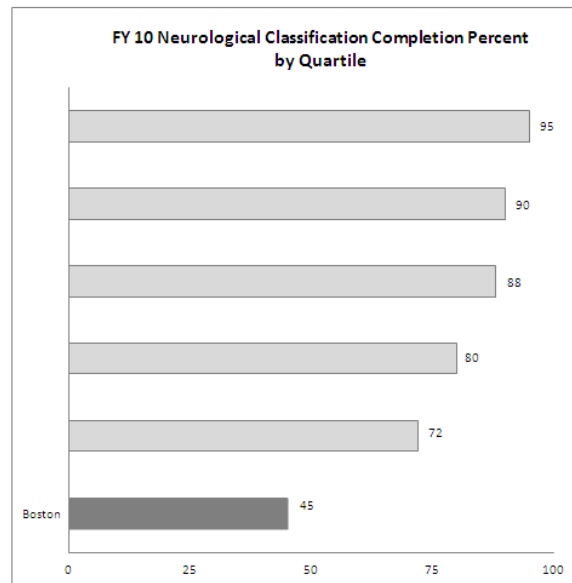
- Use of industry standard, demonstrated valid and reliable assessments and benchmarks whenever feasible
- Accounting for extenuating factors and data limitations in analysis and interpretation of outcomes
- Ongoing training to ensure accurate data capture (e.g. FIM certification for therapists)
- Transition to SCI Management of Information & Outcomes (MIO) database provides enhanced future opportunities
- Approval of Universal Stakeholder Participation Experience Questionnaire (*uSPEQ*) for CARF-accredited VA programs will provide psychometrically sound, benchmarked satisfaction data
- MIO Coordinator and SCI Health Systems Specialist (HSS) facilitate increase in quality and completeness of data

# Addressing Data Reliability & Validity

- Increasing accuracy and completeness of MIO data: E.g. completeness of neurological classification entry increased from 45% (lowest quartile) to 97% (highest quartile)

Annual Core Assessment Completion Data for Boston SCI Center FY 10–11

These figures show your center's data completion rate as compared to centers similar in size. The size of SCI Centers was categorized as quartiles determined by the number of AEs administered at the SCI Center. Your results are presented here along with the SCI Centers in your quartile.



# Program Objectives, Goals, & Outcomes

The **mission** of the VA BHS Spinal Cord Injury (SCI) System of Care is to promote the health, independence, quality of life, and productivity of individuals with spinal cord injuries and disorders throughout their lives.

# Goals

- **Goal I: Excellence in Health of Persons Served**  
*Provide effective, safe, and equitable medical and rehabilitation care to our persons served*
- **Goal II: Excellence in the Experience of Persons Served**  
*Provide accessible, patient-centered, and compassionate experience for persons served and their families*
- **Goal III: Excellence in Financial Stewardship**  
*Obtain the resources needed to carry out our mission*
- **Goal IV: Excellence in Work Force**  
*Provide a supportive and professionally rewarding workforce to be an employer of choice*
- **Goal V: Excellence in Service to Our Communities**  
*Support the well-being of our society through activities such as teaching, research, and emergency preparedness*

# Top Strategic Objectives – FY12

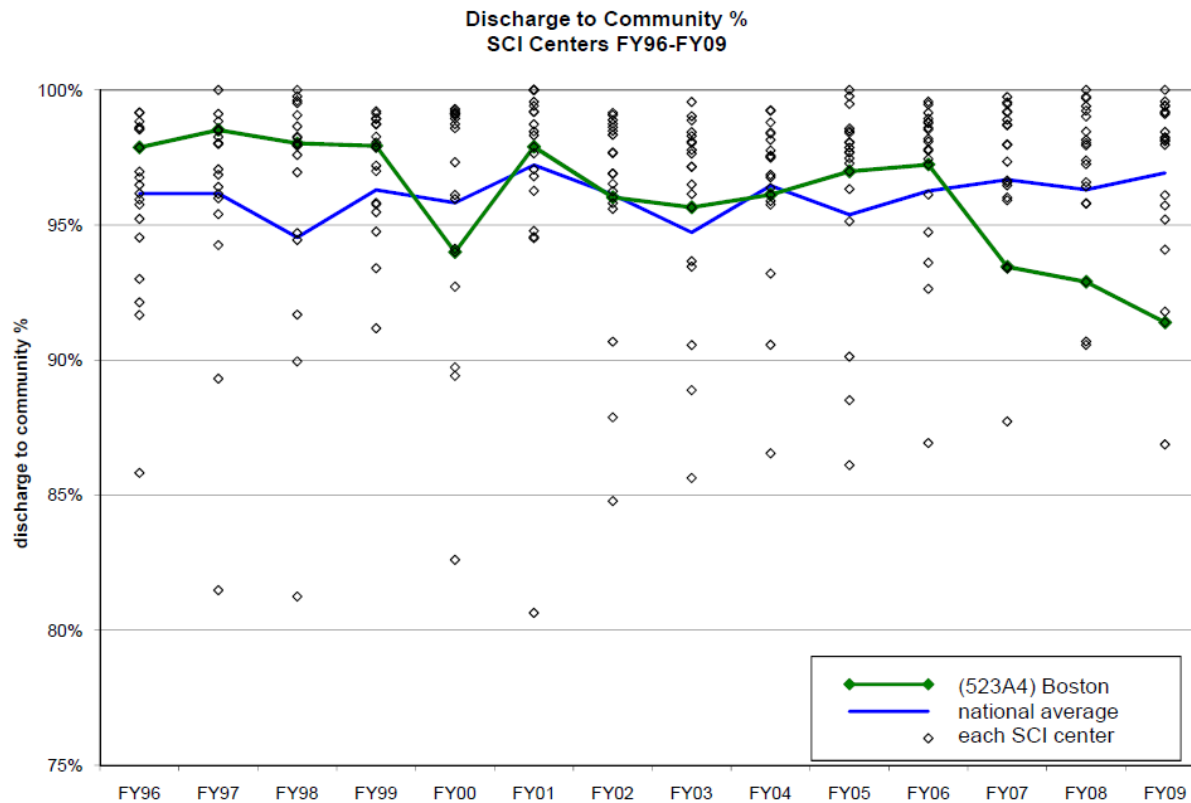
1. Maximize community living after SCI
2. Improve management of chronic pain in SCI
3. Increase virtual access  
(e.g. telehealth, secure messaging)
4. Decrease inefficiencies and waste
5. Build a culture of improvement
6. Expand our patient base

# Key Performance Targets Related to Strategic Objectives

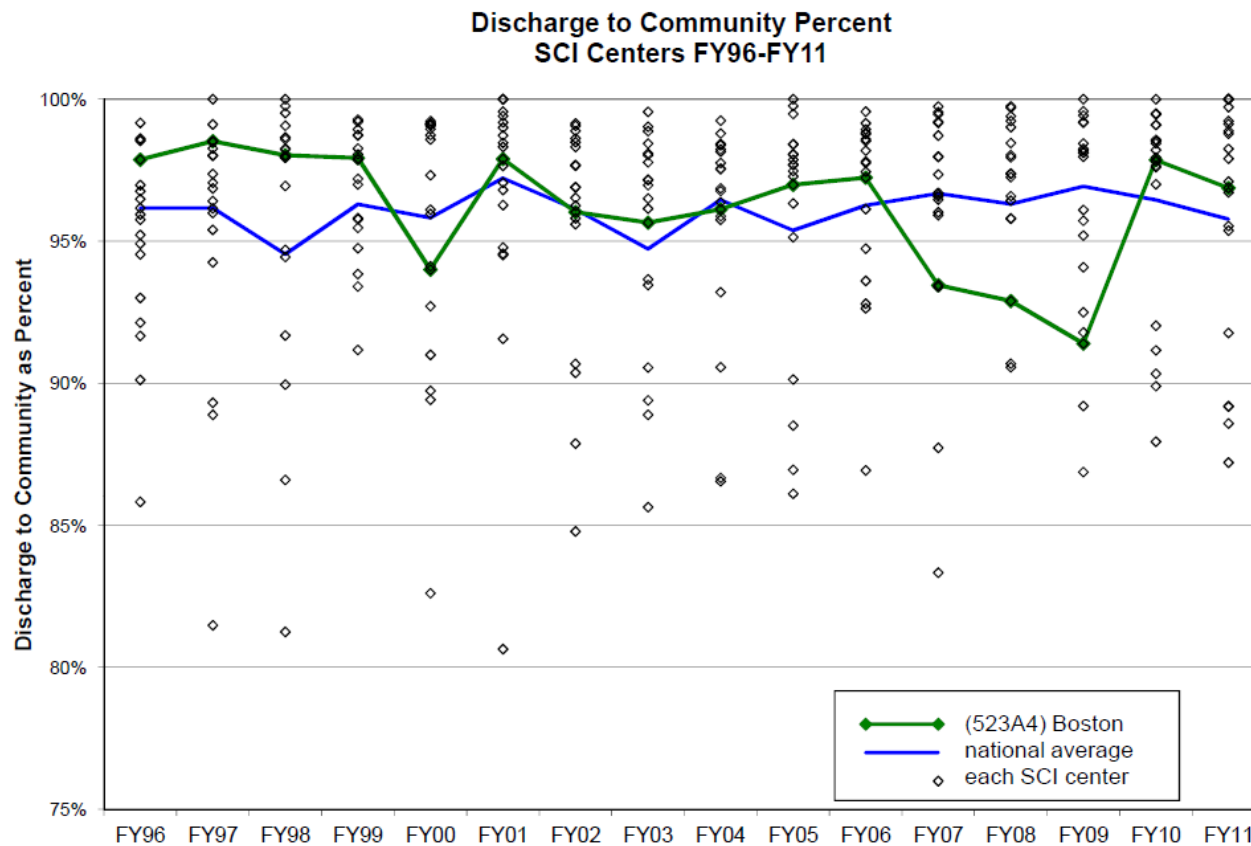
- Maximize community living
  - **VA BHS SCI System of Care discharges to community will be > national VA SCI Center average**
  - **At 90-days post discharge from inpatient rehabilitation >90% will be living in the community**
- Improve management of chronic pain after SCI
  - **Measurable decrease in pain interference with activity (by at least 1 point on scale of 0-10)**
  - **Decrease in pain score (by at least 1 point on scale of 0-10)**
- Increase virtual access
  - **≥25% of persons served in SCI will enroll (registered & authenticated) in MyHealtheVet in FY12**
  - **≥25 Clinical Video Teleconferencing virtual encounters for persons served in SCI in FY12**
- Decrease inefficiencies and waste
  - **Missed opportunities for SCI outpatient and home care visits <10%**
  - **Appropriate wheelchair available within one day of inpatient admission**
- Build a culture of improvement
  - **Number of SCI staff generated improvement initiatives increase over previous year**
  - **Staff satisfaction > VISN and National SCI in VA AES, Recognition as an Engaged Work Team**
- Expand our patient base
  - **% increase in annual PRP (pro-rated persons) with SCI served at Boston > VA SCI average**
  - **Outreach efforts – SCI newsletter will be published every quarter (starting June 2011)**

# Objective: Increase Community Discharges

Why chosen: Importance to mission, declining trend noted FY07-FY09

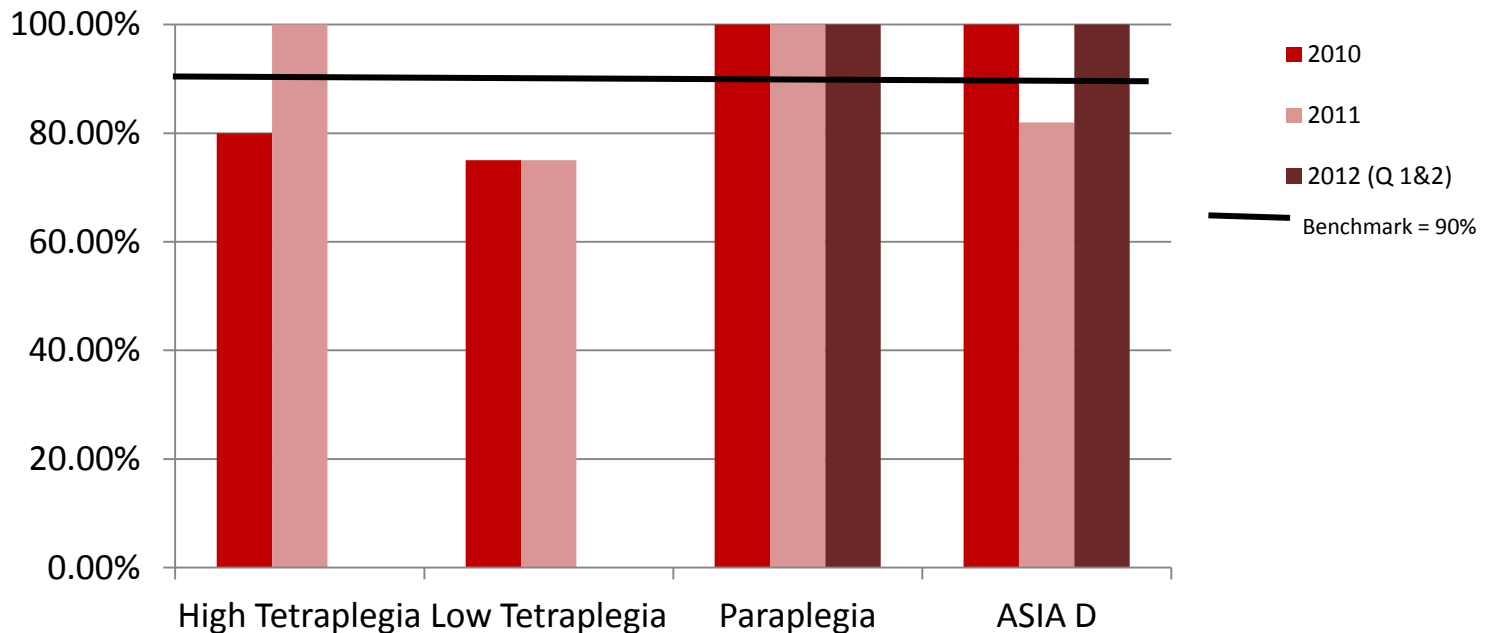


# % of VA BHS SCI System of Care discharges to the community increased above national VA SCI Center average



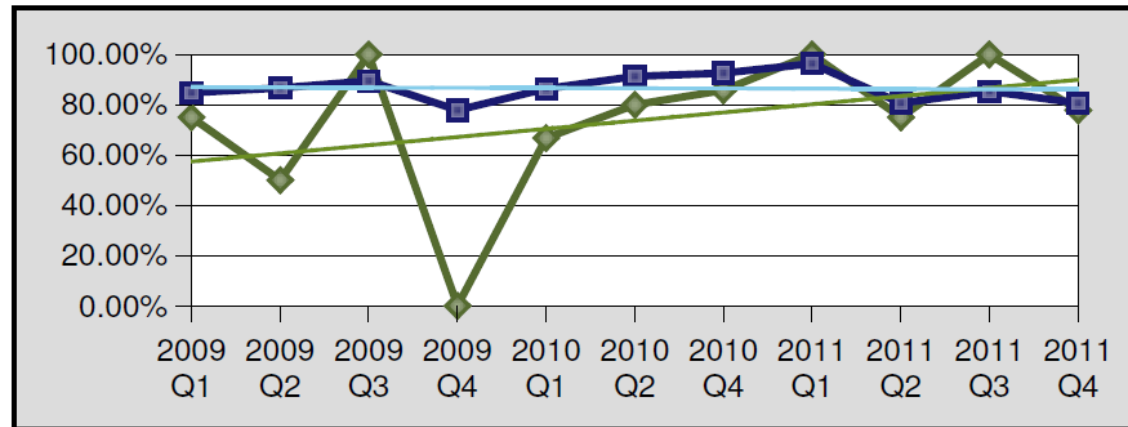
Performance Goal: At 90-days post discharge from inpatient rehabilitation >90% will be living in the community

### VA BHS Patients Residing in Community 90 days Post Discharge



Upward trend in % Living in Community at 90-Days After Inpatient Rehabilitation has continued from 2009 to 2012 Q1 (MedTel data)

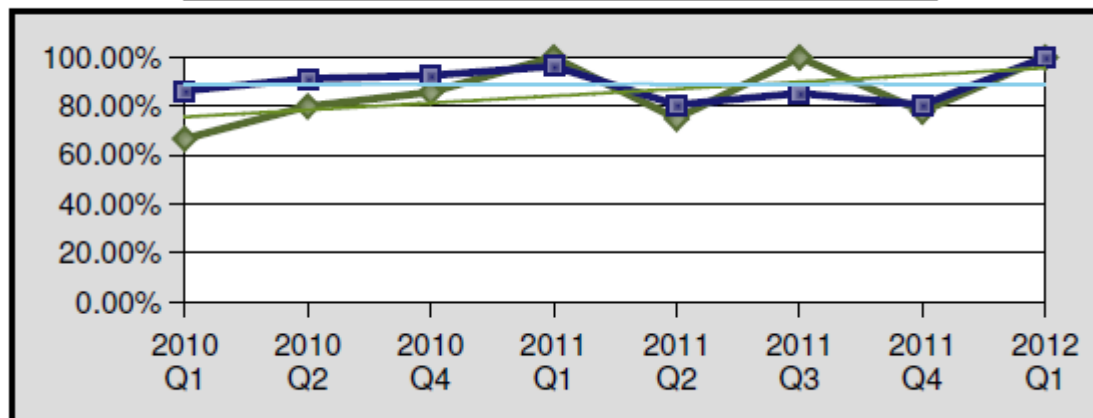
**% Patients Living In Community**



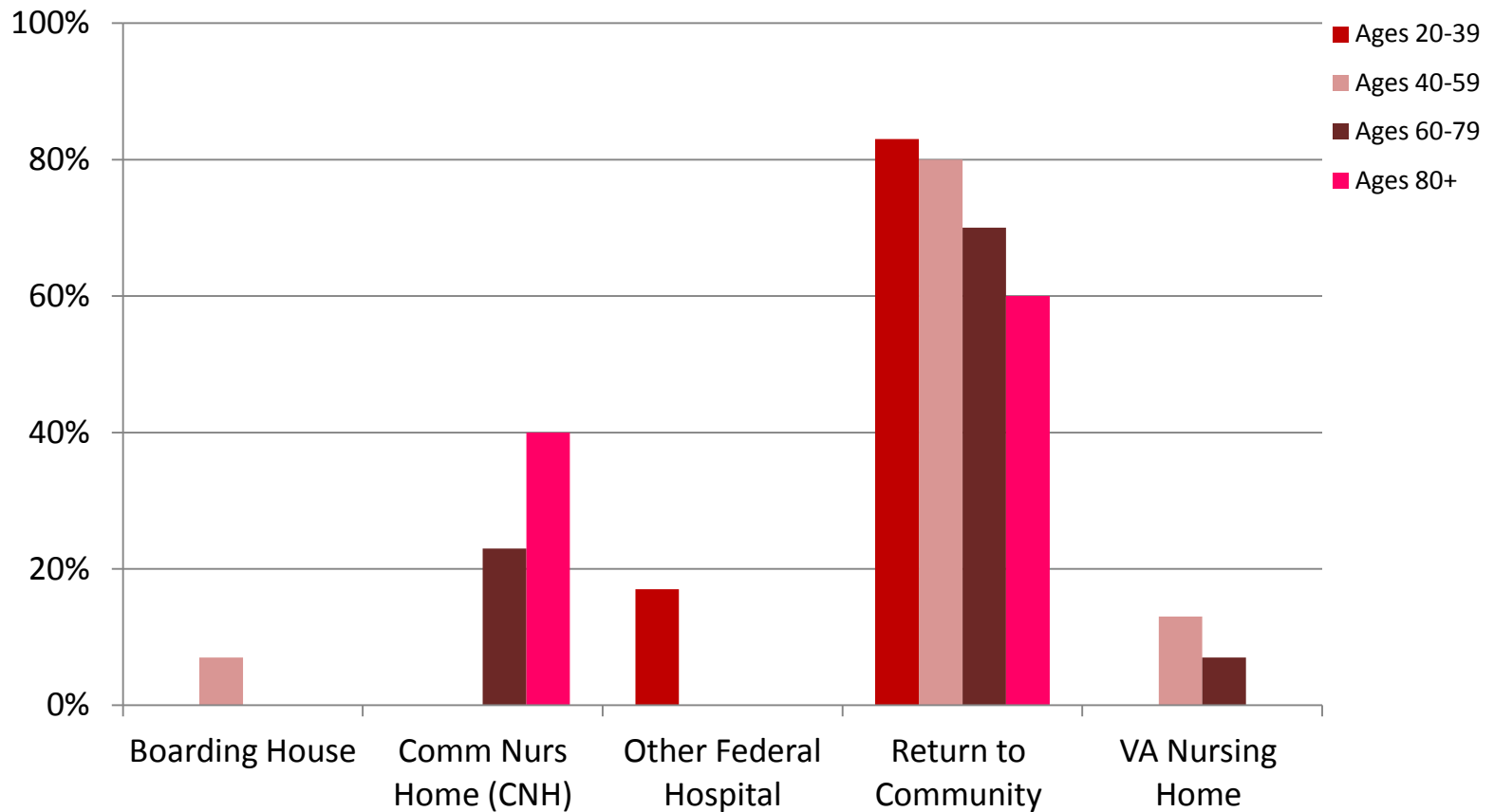
◆ Boston

— Trend line  
for Boston

**% Patients Living In Community**



## VA BHS Discharge Location by Age Group

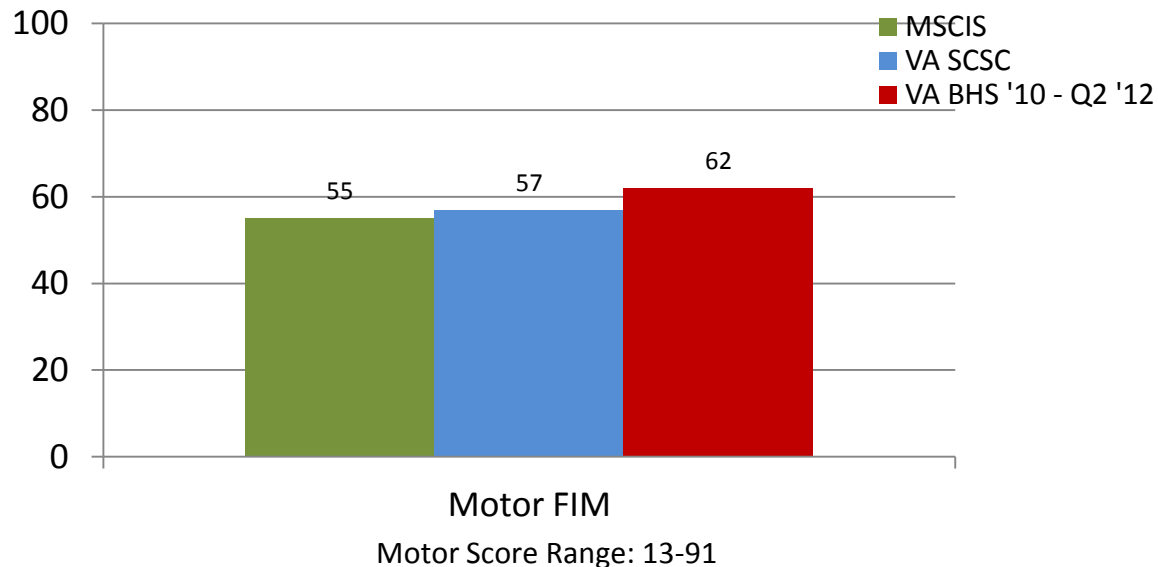


# Motor Function at Discharge

- Motor function (Motor FIM score) at discharge from inpatient rehab was higher for VA BHS than VA SCSC or Model SCI Systems benchmark data
- VA BHS data is based on a small number, which limits meaningful interpretation and ability to account for differences in impairment levels of persons served

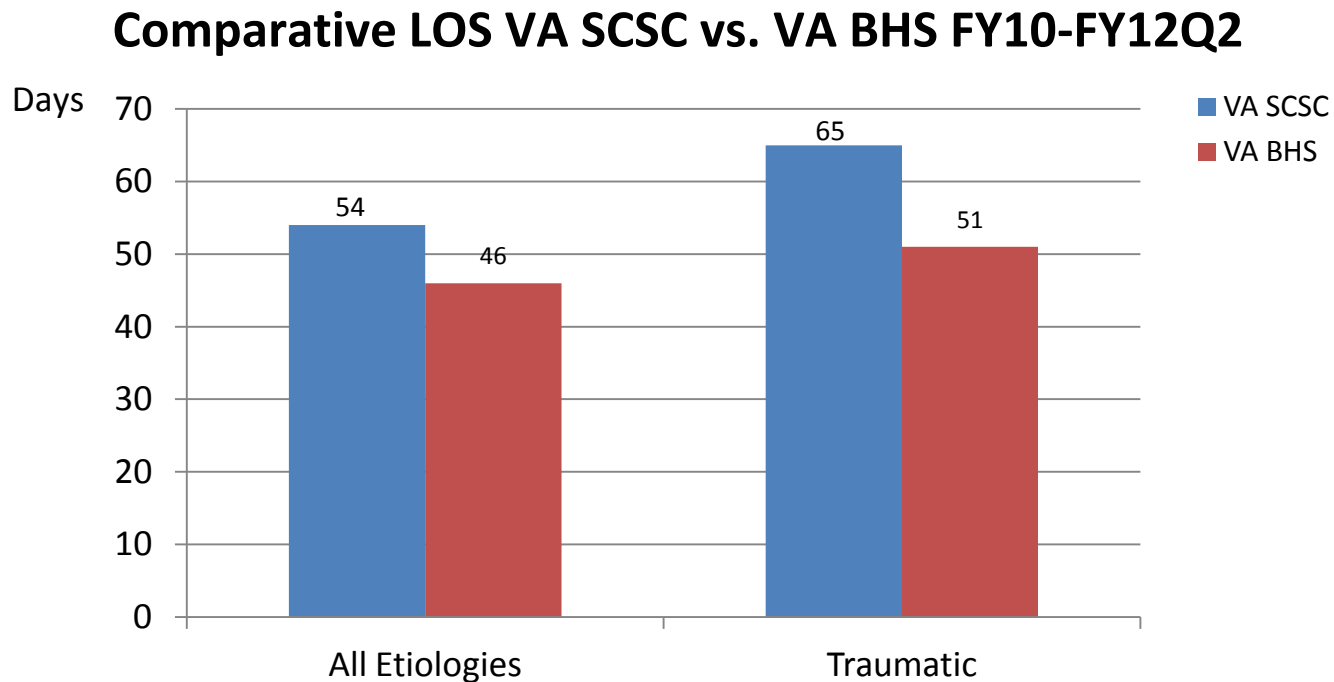
\*Model SCI Systems (MSCIS) data is based on 2011 Annual Report, NSCISC

## Comparison of Motor FIM Score at Discharge



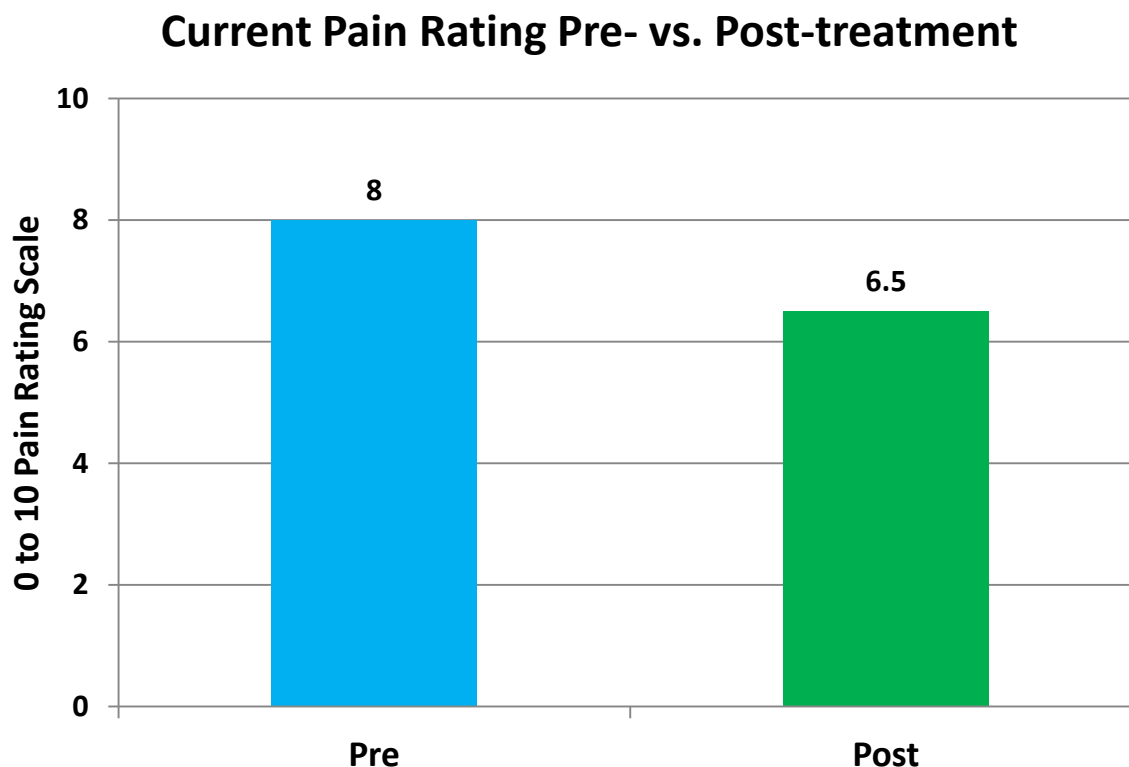
# Inpatient Rehab Length of Stay (LOS)

- VA BHS average LOS is shorter than national VA SCSC LOS despite equal or better function at discharge. However, meaningful interpretation of LOS is limited by the fact that it doesn't account for receipt of rehabilitation prior to VA admission
- Neither VA BHS nor VA SCSC has LOS constraints imposed by 3rd-party insurers



# Outpatient Pain/CBT Program\*

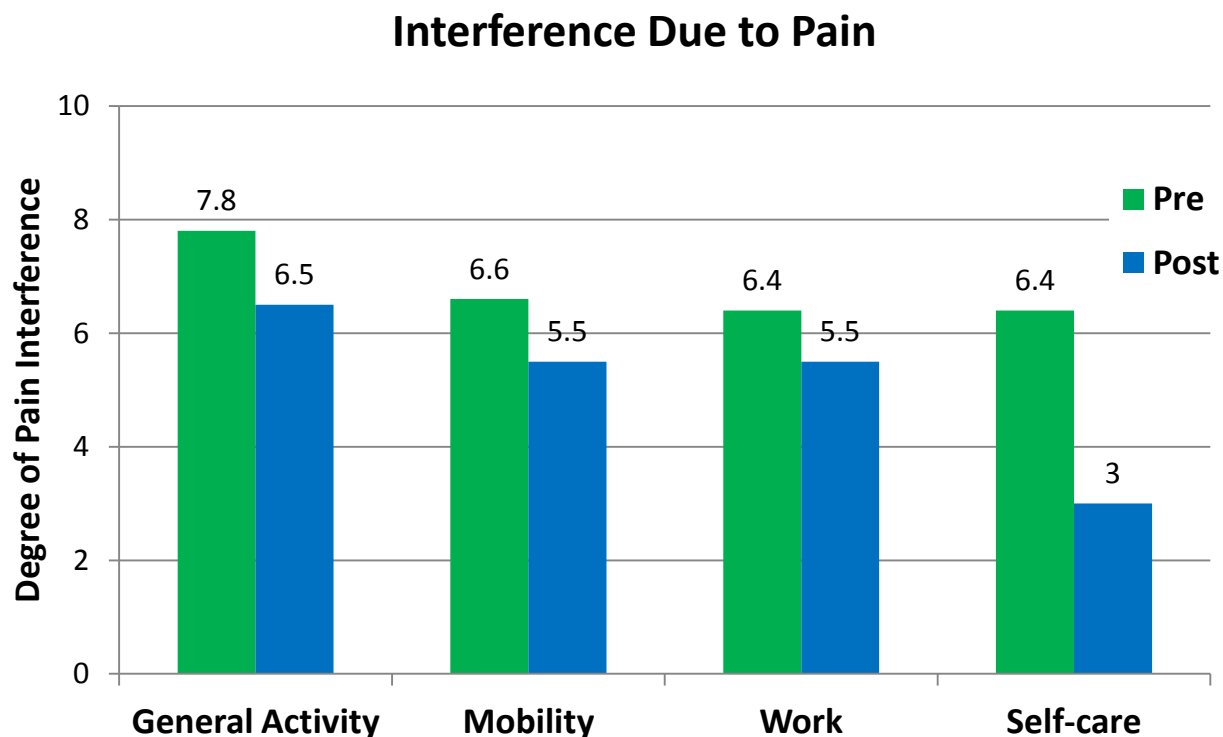
- Self reported average pain rating decreased after Cognitive Behavior Therapy (CBT) program for chronic pain (Goal  $\geq 1$  point decrease)



\*10 patients served in FY12 Q1-2

# Outpatient Pain/CBT Program\*

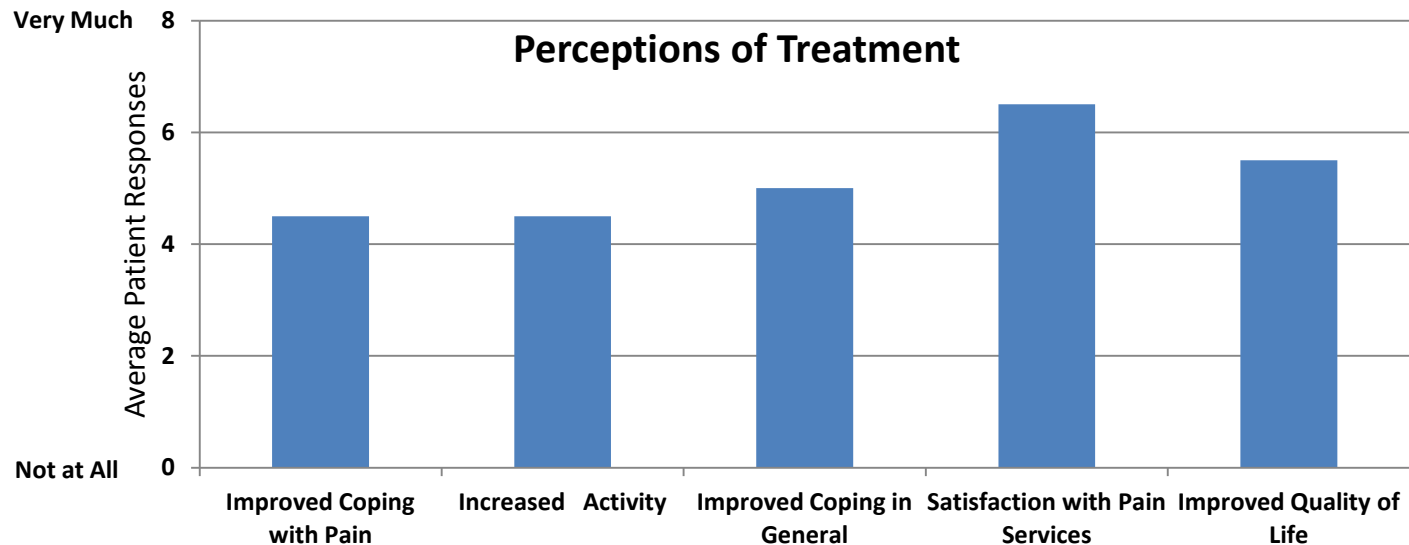
- Reported pain interference with activity decreased after Cognitive Behavior Therapy (CBT) for chronic pain (Goal  $\geq 1$  point decrease)



\*10 patients served in FY12 Q1-2

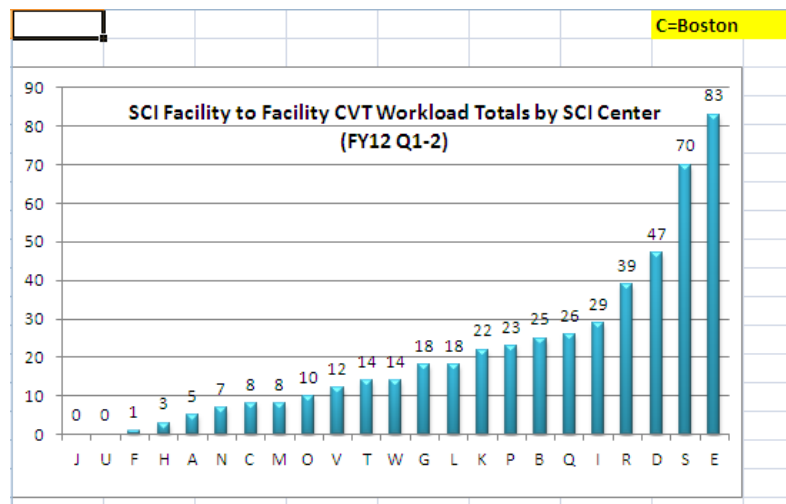
# Outpatient Pain/CBT Program

- Satisfaction with pain services was rated as 6.5 on a scale of 0=“Not at all satisfied” to 8=“Very much satisfied” (Goal  $\geq 6$ )



# Increase Virtual Access

- % of persons served who complete registration & in-person authentication in MyHealtheVet/ secure messaging in FY12
  - 37.9% registered, 25.9% authenticated (as of 5/31/12)
  - Goal:  $\geq 25\%$  for registered and for authentication
- # of Clinical Video Teleconferencing (CVT) encounters in FY12
  - 8 CVT through FY12 Q2, Goal:  $\geq 25$  by end of FY12



# Minimize Missed Opportunities

- Cancellation & no show rates cause inefficiencies and can influence access to care. These are compiled into an overall Missed Opportunity Rate.
- VA target is  $\leq 10\%$  (FY10 target was 18.37%).
- National VA SCSC rate for SCI Clinics was 14.9% in FY10
- At VA BHS we have steadily decreased missed opportunity rates, and are meeting our goal both for SCI Clinic and for Home Care visits

Missed Opportunities	FY10	FY11	FY12 Q1-Q2
SCI Outpatient Clinic	12.53%	8.53%	6.46%
SCI Home Care Visits	4.75%	6.73%	4.41%

- This year we are also focusing on reducing rates for Pain/ CBT since cancellations and no shows are more common

Missed Opportunities	FY10	FY11	FY12 Q1-Q2
SCI Pain/CBT visit	NA	21.74%	17.95%

# Internal Stakeholders:

## Staff Engagement and Satisfaction

- VA BHS SCI staff satisfaction exceeded VISN 1 (all Services) & National SCI average in the VA Annual Employee Survey (FY12 report pending)
- For FY10 and FY 11 we met our goal of having VABHS SCI satisfaction scores exceed VISN and the National SCI average for > 90% of factors

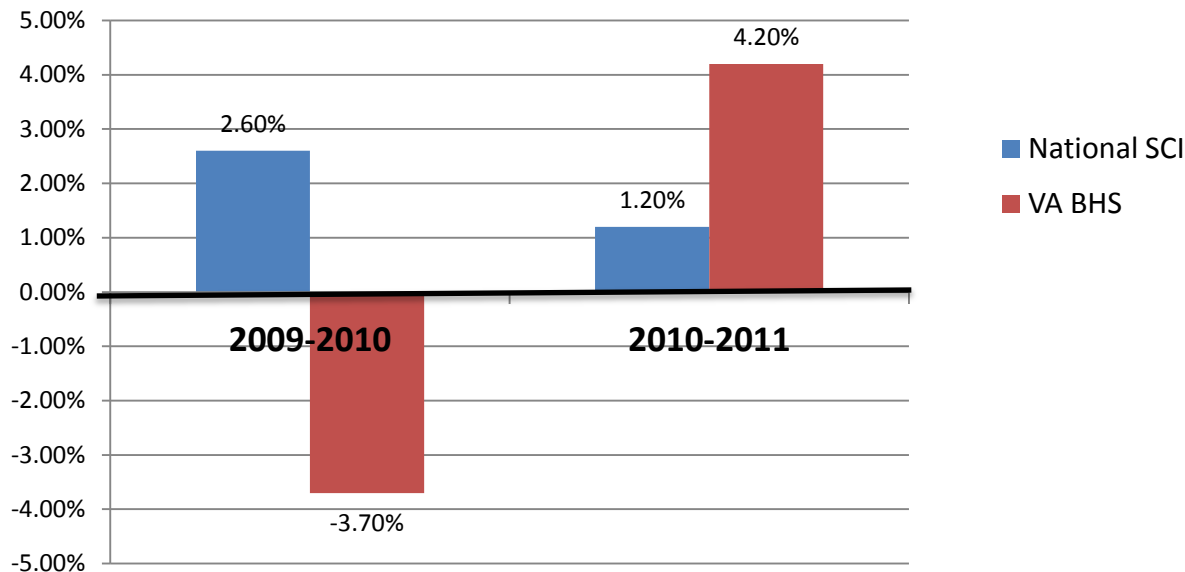
	FY10			FY11		
All Employee Survey	SCI	VISN	Nat'l	SCI	VISN	Nat'l
Overall satisfaction score exceeds VISN & Nat'l averages	4.09	3.89	3.82	4.46	3.86	3.81
Satisfaction scores exceed VISN & Nat'l averages for over 90% of factors	NA	92%	100%	NA	97%	97%

- Staff involvement and initiation of improvement projects:  
Culture of improvement

# Expand our patient base

- % change in annual PRP\* (pro-rated persons) with SCI served
    - In FY10 VA BHS SCI PRP decreased by 3.7% (vs. a 2.6% national increase)
    - In FY11 VA BHS SCI PRP increased by 4.2% (vs. a 1.2% national increase)
- (\*Each individual patient equates to 1 PRP, which is proportionately distributed among VA facilities where treatment occurred)

## % Annual change in PRP: VA BHS SCI vs. National SCI



- Outreach efforts, Newsletters